Application for Individual Flexible Premium Deferred Annuity with the UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION
A Fraternal Benefit Society

100 Indiana Avenue N.W. • Washington, DC 20001 • 202-638-4318

MBA Family Retirement Savings Plan

1. NALC Member's Information: (Please print or type)   Social Security No.

   Name _____
   (First)   (Middle Initial)   (Last)

   Address _____   NALC Branch No.

   City _____ State _____ Zip _____   _____

   Telephone No. (_____) _____   Member's sex ☐ M ☐ F
   (Area Code)

2. **Ownership:** The insured (annuitant) will be the policy owner of his/her policy, and must be 18 years of age or older.

   The owner (family member) must be in accordance with the provisions in the USLCMBA Constitution General Laws – LAW 1.

   Owner _____
   (First)   (Middle Initial)   (Last)

   Address _____

   City _____ State _____ Zip _____

   Social Security No. _____ Sex ☐ M ☐ F Date of Birth _____ /_____ /_____

3. Relationship of Owner (annuitant) to NALC Member: _____

   The MBA Family Retirement Savings Plan is available to Children, Grandchildren, Great Grandchildren, Step Children, Step Grandchildren and Step Great Grandchildren of a NALC member.

4. Initial Premium Amount (must be at least $1,000) $_____
   Subsequent Planned Premium Amount (suggested monthly amount must be at least $25) $_____
   Planned Premium Payment Frequency: ☐Annual   ☐Monthly

5. **Will this policy be used as a:** *(Select only one option)*

   ☐ **Traditional Individual Retirement Account**   ☐ **Roth Individual Retirement Account**   ☐ **Non-qualified Deferred Annuity**

6. **Beneficiary:** The beneficiary(ies) named below of this policy application will receive the proceeds when the insured dies:

Name	Address	Relationship	Social Security No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

   If you need addition space, use a separate page.

7. **Effective Date:** Your plan will be effective on the date the initial premium is paid.

8. **Replacement:** Do you have existing life insurance or annuity contracts?   ☐ Yes   ☐ No

   Is this policy intended to replace or change any existing life insurance or annuity policy?   ☐ Yes   ☐ No

   If yes, indicate:

   Name of Insurance Co. _____ Policy No. _____

   Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

   I (we) understand and agree that this application as completed and signed will form the basis of the policy issued.

   Do Not Write Below

   _____ Date _____
   Proposed Insured's (Annuitant's) Signature

   USPS Finance Number

   _____

   _____ Date _____
   NALC Member Applicant's Signature

   St. Code

   _____